



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E426256**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-01271**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

DATE OF COLLISION **05** - **20** - **2015** TIME (2400) **1851** COUNTY # **31** MILES **0664** CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
33RD COURT NE BLOCK NO. ☒ **11600** MILE POST ☐

DISTANCE **150** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **116TH AVE NE** FEET ☒ S ☒ W ☒

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **KELLER** FIRST NAME **DAVID** MIDDLE INITIAL **T**

STREET NEW ADDRESS **8627 160TH ST NE**

CITY **ARLINGTON HEIGHTS** ST **WA** ZIP **98223**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **KELLEDT526PT** STATE **WA** SEX **M** D.O.B. **10** - **30** - **1948**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ANF2128** STATE **WA** VIN# **1GTDG15H9M7511656**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1991** MAKE **GMC** MODEL **UTILITY** STYLE **VN** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 976047865**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. - -

ON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **AOK1470** STATE **WA** VIN# **1G4HP52L0RH5268670**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1994** MAKE **BUIC** MODEL **LESABRE** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRIAN PASLAY 11614 33RD CT LAKE STEVENS WA 98259 D: 4259716288**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FARMERS 187743339**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **72** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E426256**

CASE # **15-01271**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 05/20/2015 at about 1851 hours (all times approximate) David Keller went to the Lake Stevens Police Department to report he had backed into a parked car in the 11600 block of 33rd Court in the city of Lake Stevens.

Sgt. Brooks obtained Keller's information at the police department and I made contact with th owner of the struck vehicle on 33rd Court.

Arriving on scene I contacted the owner of U2 (#AOK1470). She had informed me that she had found the note (exchange of information) left by Keller attached to her vehicle. I observed what appeared to be reportable damage to U2 around the front driver's side quarter panel and driver's door.

Based on evidence and statements it is found that U1 was backing from a driveway across the street from 11614 33rd Court and backed into the driver's side of U2.

The owner of U2 was given exchange of information by Keller and was advised to contact their insurance company.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-20-15 07:59 PM

DATED

PLACE SIGNED

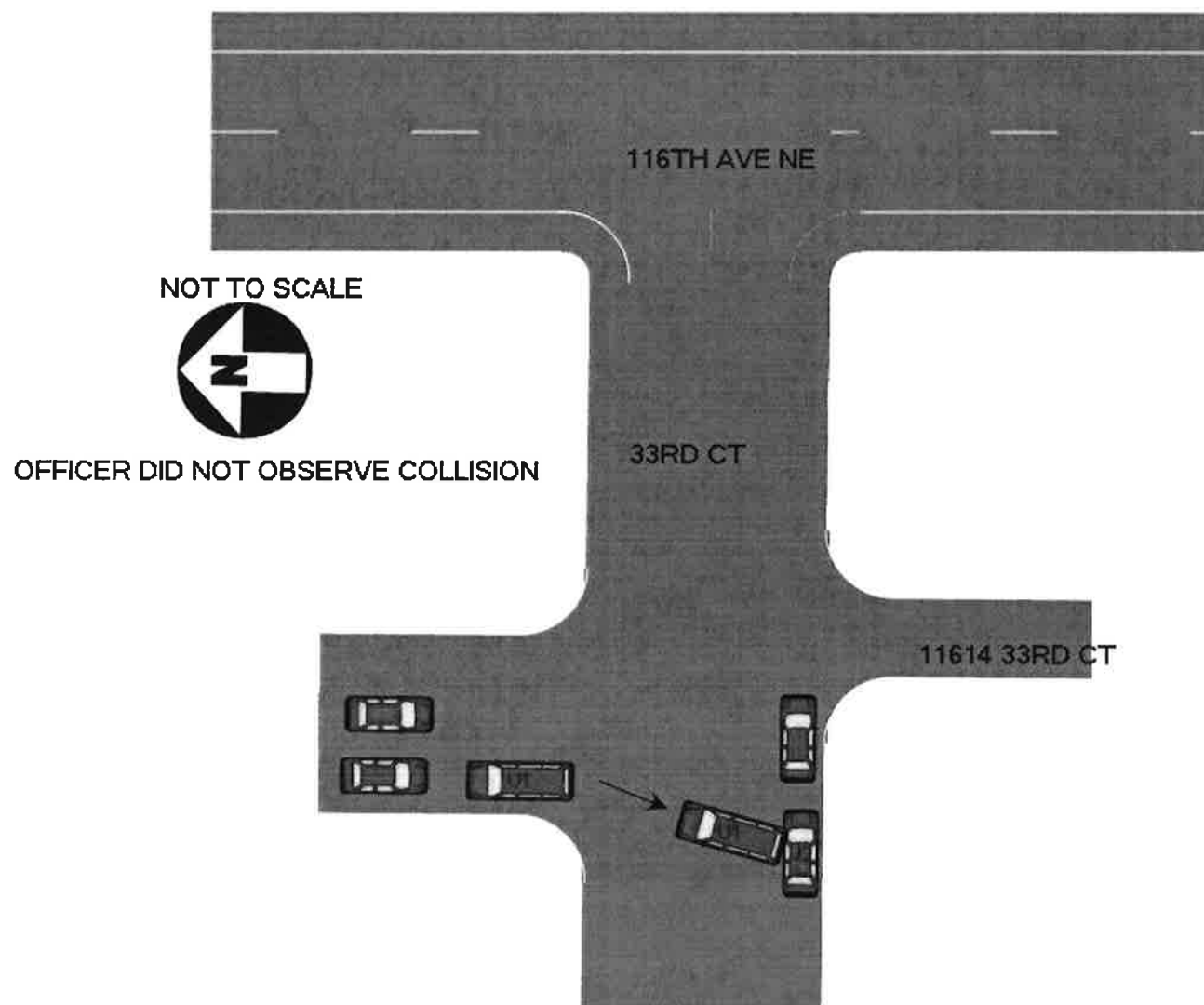
APPROVED BY

RON BROOKS 013

DATE

5/21/2015 5:51:49 AM

BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	6:54 PM	TIME POLICE ARRIVED	6:55 PM
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07/28/2014

Vehicle Registration Certificate

ANF2128

License plate	Plate issue date	Tab no	Reg expiration	Value code	Year	Mo reg	Mo gwt	Pwr	Use	Mod yr	Make	Body
ANF2128	08/2013	S206234	07/27/2015	13694	1991	12		G	PAS	1991	GMC	G1VAN
Vehicle ident (VIN)/Serial no	Res co	Scale wt	Seats	Model	BT	Gwt	Gwt st					
1GTDG15H9M7511656	31	3792		G1V	CG							
Prev plate	Filing	TBD	RTA Tax	Subagent	Gwt/Veh wt	Other	Total fees					
07576D	\$3.00			\$5.00	\$10.00	\$30.75	\$48.75					

KELLER, DAVID T
8627 160TH ST NE
ARLINGTON WA 98223

X *David T Keller*

Signature of registered owner(s)

Comments:

X

Signature of registered owner(s)

- DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.



Thank You For
Choosing Us!
CLC Auto Licensing
360-657-4444



Validation code 09315503142990728140097031358

RPT ID: AREGPR-1

Vehicle Registration (R/10/12)E
TD-420-802 (R/1/12) Page 1 of 2

This certificate is not proof of ownership.

425 870 5642

Incident History for: #SS15009703

Case Numbers: \$SS15001271

Entered 05/20/15 18:51:33 BY SPCT08 SP0397

Dispatched 05/20/15 18:54:21 BY SPDP17 SP0377

Enroute 05/20/15 18:54:21

Onscene 05/20/15 18:55:22

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS001 Fire BLK: AG1720 Map Page: 377H-5 Group: SS1 Beat: NORT

Src: T

Loc: 11614 33 CT NE , LKS btwn DEAD END & 117 AV NE (V)

Loc Info:

Name: KELLER DAVID

Addr: LKS PD

Phone: 4258705042

/1851 (SP0397) ENTRY , CC RP ADD, RP HIT PARKED VEH , GRY BUICK LASABR
E L/AOK1470 , NON INJ , NON BLKING
/1852 (SP0377) VIEWED
/1854 DISPER 19N2 [LKS PD]
#SS72 AUKERMAN, OFFICER (WAYNE)
/1854 \$PREMPT 19N2
/1855 DISPOS 19S10 [LKS PD]
#SS13 BROOKS, SGT (RON)
#SS72 AUKERMAN, OFFICER (WAYNE)
/1855 ASSTER 19N2
/1858 (SS72) *ONSCNE 19N2
/1858 REMINQ 19N2 MDTVEH, AOK1470, , WA, , , , , , , , , ,
/1901 (SP0377) MISC 19N2 , REPORTABLE DAMAGE
/1904 ASNCAS 19N2 \$SS15001271
/1906 CLEAR 19N2 D/H